

GIRL TALK | Teen 12-Month Follow-up Questionnaire

ENTER TEEN ID: _ _ _ _ _

SECTION A: HOME ENVIRONMENT and WORK

To start I'd like to ask you some questions about your living situation.

1. How many different places have you moved to or lived in the last 6 months, that is since (MONTH)?

|_|_|_|_| (RANGE 1-25)
(IF Q.1=1, SKIP TO Q.4)

2. How many of these moves were because of problems with a family member you were living with?

|_|_|_|_| (RANGE 0-25)

3. How many of these moves were because of problems with a boyfriend?

|_|_|_|_| (RANGE 0-25)

4. How long have you been living where you are now? Would you say . . .

- 01 Less than 1 month
- 02 1-3 months
- 03 4-6 months
- 04 7-12 months
- 05 More than 12 months (SKIP TO Q6, THEN SKIP TO Q9)

5. Where do you live? (PROBE IF NEEDED)

- 01. GROUP HOME, (SKIP TO Q.9)
- 02. IN A SHELTER, (SKIP TO Q.9)
- 03. SUPERVISED APARTMENT, (SKIP TO Q.9)
- 04. ON THE STREET, (SKIP TO Q.9)
- 05. IN A HOUSE OR APARTMENT, (GO TO Q.6)
- 06. SOMEPLACE ELSE? (ASK 6sp)

6sp. SPECIFY _____ (SKIP TO Q9)

6. How many people live with you?

|_|_|_|_| (RANGE 0-99) (IF A6=0, SKIP TO A8)

**7. Starting with the oldest person who lives with you, please tell me their relationship to you.
(IF BOYFRIEND: PROBE- is this baby's father?)
(PROBE: ASK ABOUT BABY)**

	Relationship to Teen (use codes at right)	01 Baby 02 My mother 03 My father 04 My partner- (baby's father) 05 My partner (not baby's father) 06 My sibling 07 My grandmother or grandfather 08 My parent's partner 09 My step or half sibling 10 My cousin 11 My aunt 12 My other relative 13 Baby's father's mother	14 Baby's father's father 15 Baby's father's parent's partner 16 Baby's father's grandmother or grandfather 17 Baby's father's sibling 18 Baby's father's step or half sibling 19 Baby's father's other relative 20 My partner's parents or other relative 21 Non-relative/friend 22 Other (SPECIFY)
a.			
b.			
c.			
d.			
e.			
f.			
g.			
h.			
i.			
j.			
k.			

8. Who's home is it? (MARK ALL THAT APPLY)

- 01 OWN PLACE
- 02 PARENTS
- 03 RELATIVES
- 04 PARTNER'S RELATIVES
- 05 PARTNER
- 06 FRIENDS
- 07 FOSTER HOME
- 08 OTHER (ASK 8sp)

8sp. SPECIFY _____

9. In the last 6 months, have you worked outside the home for pay? This includes both regular jobs and things like baby-sitting or housecleaning.

- 01 Yes
- 02 No (SKIP TO A14)
- 99 Refused (SKIP TO A14)

10. How many hours did you spend working for pay in a typical week? Would you say . . .

- 01 Less than 10,
- 02 10-20 hours per week on average,
- 03 21-30 hours per week on average, or
- 04 More than 30 hours per week on average?

11. What kind of work have you done? (MARK ALL THAT APPLY)

- 01. SALES
- 02. CLERICAL-OFFICE WORK
- 03. BABYSITTING-CHILDCARE
- 04. FOOD SERVICE
- 05 OTHER(ASK 11sp)

11sp. SPECIFY _____

12. When did you start back to work after your delivery, that is, which month?

____ (FI NOTE: ENTER MONTH NUMBER, e.g. January=01, February=02)

13. Are you currently working? 01 Yes 02 No

Now I'd like to ask you about your household finances.

14. In the last 30 days, did you (or your baby) receive:		
a. Medicaid?	01. Yes	02. No
b. Food stamps?	01. Yes	02. No
c. TANF or AFDC?	01. Yes	02. No
d. WIC?	01. Yes	02. No
e. Commodity Supplemental Food Program?	01. Yes	02. No
f. A housing subsidy or public housing/ Section 8?	01. Yes	02. No
g. Supplemental Security Income that is SSI?	01. Yes	02. No
h. Day care vouchers or subsidy?	01. Yes	02. No
i. Tuition benefits through TANF or scholarship?	01. Yes	02. No

15. How many months in the last 6 months did you run out of money before the end of the month? Would you say . . .

- 01. None,
- 02. Once or twice, or
- 03. More than 2 times?

16. About how often do you participate in worship services, church meetings, or other religious activities?

- 01. MORE THAN ONCE A WEEK
- 02. WEEKLY
- 03. ABOUT 2 OR 3 TIMES A MONTH
- 04. ABOUT ONCE A MONTH
- 05. LESS THAN ONCE A MONTH, BUT I'VE GONE IN THE PAST 6 MONTHS
- 06. FOR SPECIAL RELIGIOUS HOLIDAYS AND EVENTS
- 07. DO NOT ATTEND WORSHIP SERVICES/MEETINGS/OTHER ACTIVITIES

SECTION B: BABY CARE

Now I have some questions about your baby.

[FI NOTE: IF YOU KNOW BABY DIED, DO NOT ASK Q1. ENTER 06 or 07 for Q1)

1. How is your baby doing? Would you say your baby's health is . . .

- 01. Excellent (SKIP TO Q.3)
- 02. Very good (SKIP TO Q.3)
- 03. Good (SKIP TO Q.3)
- 04. Fair (SKIP TO Q.3)
- 05. Poor (SKIP TO Q.3)
- 06. BABY DIED 0-6MO—ALREADY KNEW (SKIP TO Q.21)
- 07. BABY DIED 7-12MO—FINDING OUT NOW (GO TO Q2)
- 08. DON'T KNOW- BABY LIVING ELSEWHERE (SKIP TO Q.3)

[ASK IF BABY DIED IN PAST 6 MONTHS (Q.1=07)]

2. What was the cause of your baby's death?

[IF BABY DIED (06 or 07), DO NOT ASK Q3. ENTER "the baby"]

3. What is/was your baby's name? _____ (PROGRAM NAME INTO CAPI)

(IF BABY DIED IN 1st 6 MONTHS (B1=06), SKIP TO B21)
(IF BABY DIED IN 7-12 MONTHS (B1=07), CONTINUE BUT USE ALTERNATE WORDING)

4. Currently, does (BABY) spend 4 or more nights each week with you?

IF BABY DIED: (Did (BABY) spend...)

- 01 Yes (SKIP TO Q.9)
- 02 No

5. With whom does/did your baby usually stay at night? (CHECK ALL THAT APPLY)

- 01 BABY'S FATHER (ASK 6)
- 02 MY PARENTS (ASK 6)
- 03 PARENTS OF BABY'S FATHER (ASK 6)
- 04 OTHER RELATIVE (ASK 6)
- 05 FRIEND (ASK 6)
- 06 FOSTER PLACEMENT (ASK 6)
- 07 ADOPTION (SKIP TO 7)
- 08 OTHER (ASK Q.5sp)

5sp. SPECIFY _____ (ASK 6)

6. How many days per week do/did you usually see the baby?

|____|____| Times per week (LIMIT=0-7)

7. Is/Was this living situation something that was legally required or court ordered?

- 01 Yes
- 02 No

8. How old was your baby when this arrangement began?

|____|____| Months (NOTE: IF LESS THAN 1 MO, ENTER 0)

9. Is/Was Child Protective Services, that is CFSA, working with you or your child?

- 01. Yes
- 02. No

[IF TEEN CURRENTLY HAS NO CONTACT WITH BABY (B6=0 OR B5= 07) AND (B8>6) **SKIP TO B12** AND USE ALTERNATE WORDING]

[IF TEEN HAD NO CONTACT WITH BABY IN PAST 6-MO (B6=0 OR B5= 07) AND (B8=6) **SKIP TO B21**]

[IF BABY DIED (B1=06 OR 07) **SKIP TO B12**]

10. In the past 3 months, has your baby been to see a health provider?

- 01 Yes (SKIP TO Q11)
- 02 No (ASK 10a)

10a. **Why not?** (CHECK ALL THAT APPLY)

- 01 MISSED LAST APPOINTMENT
- 02 VISIT IS SCHEDULED BUT NOT YET DUE
- 03 NO TRANSPORTATION
- 04 NEED TO FIND A DOCTOR
- 05 NO MEDICAID/INSURANCE
- 06 OTHER (ASK 10sp)

10sp. SPECIFY: _____

11. Is the baby up to date in receiving immunizations or shots?

- 01 Yes
- 02 No
- 98 DON'T KNOW

12. (In the past 6 months, how many times has (BABY) gone) to the emergency room for an injury, such as a fall, burn, or cut?

If (B6=0 OR B5= 07) AND (B8>6): **(In the time that the baby lived with you during the past 6 months, how many times did he/she go)**

If BABY DIED: **(Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)**

|____|____| (RANGE 0-20)
(IF 0, SKIP TO Q.13)

12a. For what type(s) of injury did (BABY) go to the emergency room? (MARK ALL)

- 01 A FALL
- 02 CUT OR SCRAPE
- 03 BURN
- 04 CHOKING OR SUFFOCATION
- 05 WATER-RELATED ACCIDENT
- 06 CRUSHING INJURY
- 07 ELECTRICAL INJURY
- 08 ACCIDENTAL POISONING
- 09 MOTOR VEHICLE ACCIDENT
- 10 OTHER (ASK 12a_sp)

12a_sp SPECIFY: _____

13. (In the past 6 months, how many times has (BABY) gone) to the emergency room for a sick visit, that is, because he/she was not feeling well?

If (B6=0 OR B5= 07) AND (B8>6): **(In the time that the baby lived with you during the past 6 months, how many times did he/she go)**

If BABY DIED: **(Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)**

|____|____| (RANGE 0-20)

14. (In the past 6 months, how many times has (BABY) gone) to the doctor or clinic for an injury, such as a fall, burn, cut?

If (B6=0 OR B5= 07) AND (B8>6): **(In the time that the baby lived with you during the past 6 months, how many times did he/she go)**

If BABY DIED: **(Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)**

|____|____| (RANGE 0-20)
(IF 0, SKIP TO Q.15)

14a. For what type(s) of injury did (BABY) go to the doctor or clinic? (MARK ALL THAT APPLY)

- 01 A FALL
- 02 CUT OR SCRAPE
- 03 BURN
- 04 CHOKING OR SUFFOCATION
- 05 WATER-RELATED ACCIDENT
- 06 CRUSHING INJURY
- 07 ELECTRICAL INJURY
- 08 ACCIDENTAL POISONING
- 09 MOTOR VEHICLE ACCIDENT
- 10 OTHER (ASK 14a_sp)

14a_sp SPECIFY: _____

15. (In the past 6 months, how many times has (BABY) gone) to the doctor or clinic for a sick visit, that is, because he/she was not feeling well?

If (B6=0 OR B5= 07) AND (B8>6) (In the time that the baby lived with you during the past 6 months, how many times did he/she go)

If BABY DIED: (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|____|____| (RANGE 0-20)

I'd like to ask you about your arrangements for childcare.

16. (In the past 6 months), how many different childcare arrangements have you had, other than you taking care of the baby? That is, how many other individuals regularly take (took) care of the baby including daycare centers?

If (B6=0 OR B5= 07) AND (B8>6): (In the time that the baby lived with you during the past 6 months)

If BABY DIED: (Before (BABY) died but since (6 MONTHS AGO) how many times did he/she go)

|____|____|(0-20)
(IF 0, SKIP TO Q.21)

[IF TEEN IS NOT IN CONTACT WITH BABY (B6=0 OR B7= 07) SKIP TO Q.21.]

17. Does (BABY) stay daytimes at your home or somewhere else?

If BABY DIED: (Before (BABY) died, did he/she stay daytimes at your home or somewhere else?)

01 Home 02 Somewhere else

18. In a typical week, how many hours is/was (BABY) looked after by someone other than you?

|____|____| HOURS/WEEK (1-90)

19. Who takes/took care of (NAME OF BABY) daytimes most of the week? (MARK ONE)

01 YOU
02 YOUR FAMILY OR A RELATIVE
03 BABY'S FATHER OR HIS FAMILY
04 FRIEND
05 HOME DAYCARE
06 GROUP DAYCARE
07 OTHER (ASK 19sp.)

19sp. SPECIFY: _____

20. Do/did you pay for any childcare? 01 Yes (INCLUDES VOUCHER) 02 No

[ASK ALL THIS SECTION]

21. Are you or have you been involved in any programs for teen mothers or teen mothers and their babies in the last 6 months?

01 Yes (ASK Q21a)
02 No (SKIP TO Section C)

- 21a. What are the names of these programs?

Specify Program 1 _____ (ASK: Any others?)

Specify Program 2 _____ (ASK: Any others?)

Specify Program 3 _____

SECTION C: RELATIONSHIPS

1. Have you been pregnant in the last 12 months, (that is since your baby was born)? OMIT 2nd PART IF BABY DIED)

01 Yes (ASK 1a)
02 No (SKIP to 2)

- 1a. How many times in the past 12 months have you been pregnant?

|____| # times (LIMIT=1-9)

- 1b. Are you currently pregnant?

01 Yes 02 No

(POP-UP ALERT IF 1b='yes': AT END OF INTERVIEW COMPLETE POSITIVE PREGNANCY FORM)

The next questions are about your relationships.

2. Which of these best describes you? Are you . . .

01 Never Married (SKIP TO Q.3)
02 Married (ASK Q.2a)
03 Divorced (SKIP TO Q.3)
04 Widowed (SKIP TO Q.3)
05 Separated (SKIP TO Q.3)

- 2a. When did you get married?

|__|__| --|__|__| --|__|__| (SKIP TO Q.6)

3. How many boyfriends have you had in the past 6 months? |__|__| (0-50)

4. Do you currently have a boyfriend?

01 Yes 02 No (SKIP TO Q19 + use alternate wording)

5. What is your relationship with your current boyfriend? Are you . . .

01 Dating or friends,
02 Going together (steady), or
03 Living together?

6. Is your (boyfriend/husband) now (BABY)'s father)? IF BABY DIED ADD (, the father of your baby who died)?

01 YES
02 NO

7. How long have you and he been together?

01 WE AREN'T REALLY TOGETHER YET
02 LESS THAN A MONTH
03 1-3 MONTHS
04 4-6 MONTHS
05 7-12 MONTHS
06 12-18 MONTHS
07 OVER 18 MONTHS

8. Is he currently living in the same household with you?

- 01 Yes
- 02 No

9. How old is he? ____|____|(10-99)

10. How many (other) children does he have? ____|____|(0-9)

11. How many hours do you spend with him in an average week? ____|____|____| (0-170)

[IF C11=0, ASK C11a, ELSE GO TO C12]

11a. Why don't you see him?

- 01 He's in jail (SKIP TO Q16)
- 02 He's in the military (SKIP TO Q16)
- 03 He lives in another part of the country (SKIP TO Q12)
- 04 Other (ASK Q.11a_sp)

11a_sp. SPECIFY: _____

[ASK Q12-16 ONLY IF MARRIED (Q.2=02) OR WITH BOYFRIEND (Q.4=01)]

(PROGRAM "boyfriend" IF Q3=01, OR "husband" IF Q1=02)

12. Is your (boyfriend/husband) still in school? Or, has he gone back to school? (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HIM CURRENTLY IN SCHOOL.)

- 01 Yes
- 02 No

13. Is he working now?

- 01 Yes
- 02 No (SKIP TO Q.16)

14. Is this a full-time or part-time job?

- 01 Full-time only
- 02 Part-time only
- 03 Both

15. Is this a daytime or nighttime job?

- 01 Daytime only
- 02 Nighttime only
- 03 Both

16. How is he involved in (BABY)'s life? Does your (boyfriend/husband) . . . [SKIP Q16a-e IF BABY DIED (B1=06 or 07) OR IF BABY NOT WITH TEEN + BOYFRIEND NOT BABY'S FATHER (B6=0 OR B5= 07) AND C6=02]	Yes	No
a. Provide some financial support or money for things you need?	01	02
b. Provide diapers, gifts, food, etc.?	01	02
c. Help with childcare on a regular basis?	01	02
d. Help with transportation for either you or the baby?	01	02
e. Does his family help take care of the baby?	01	02

Does your (boyfriend/husband) . . .

f.	Expect you to continue your education?	01	02
g.	Want to have a child with you (before your baby turns 2 years) IF BABY DIED (in the next 12 months, or 1 year)?	01	02
h.	Pressure you to have another/a baby with him?	01	02

[SKIP TO Q18 IF ALREADY PREGNANT (C1=01)]

17. Do you want to get pregnant by your (boyfriend/husband) now?

Would you say...

- 01 Definitely no
- 02 Probably no
- 03 Neither want nor don't want
- 04 Probably yes
- 05 Definitely yes

Some teenagers don't use birth control because other people, such as friends, boyfriends, parents, or relatives make it hard for them to do so. For these next questions, please use showcard #1.

18.	For each of the following statements, please tell me the answer that <u>best</u> describes how you usually feel.	Very True	Sort of True	Not very True	Not At All True
a.	My (boyfriend/husband) won't let me use birth control. Is that...?	01	02	03	04
b.	When my (boyfriend/husband) gets excited he won't stop and use birth control even if I ask him to. Is that...?	01	02	03	04
c.	I find myself having sex without birth control even when I don't want to because my (boyfriend/husband) insists on it.	01	02	03	04
d.	If I talk to my (boyfriend/husband) about using birth control he says it means I don't really love him.	01	02	03	04

(IF BABY DIED (B1=06 or 07) OR TEEN NOT IN CONTACT WITH BABY (B6=0 OR B5= 07), SKIP TO Q21)

19. How often does your (boyfriend/husband) have contact with the baby?

IF BOYFRIEND IS NOT FATHER (C6=02) OR NO BOYFRIEND (C4 ? 01) USE THIS WORDING:

Now I have some questions about (BABY)'s father. How often does (BABY)'s father have contact with (BABY)?

- 01 DAILY (SKIP TO Q.21)
- 02 MULTIPLE TIMES A WEEK
- 03 ONCE A WEEK
- 04 A COUPLE OF TIMES A MONTH (LESS OFTEN THAN ONCE A WEEK)
- 05 ONCE A MONTH
- 06 LESS THAN ONCE A MONTH
- 07 NEVER

20. Would you like him to have more contact with (INSERT BABY'S NAME)?

- 01 Yes
- 02 No
- 03 I DON'T CARE

(IF BOYFRIEND IS BABY'S FATHER (C6=01) SKIP TO SECTION D)

**21. How would you describe your relationship with (BABY)'s biologic father?
Would you say you are not together anymore but you still talk, or you don't talk or have any contact, or something else?**

- 01. NOT TOGETHER ANYMORE BUT WE STILL TALK
- 02. WE DON'T TALK OR HAVE CONTACT ANY MORE (ASK Q.22, THEN SKIP TO Q.24)
- 03. I DON'T KNOW WHO THE FATHER IS (SKIP TO SECTION D)
- 04. TEEN WAS RAPED (SKIP TO SECTION D)
- 05. DECEASED (ASK Q.22, THEN SKIP TO SECTION D)
- 06. OTHER. (ASK 21sp)

21sp. Please explain: _____

22. How many other children does/did he have? |____|____| (0-9)

23. How often do you have contact with (BABY)'s father?

- 01 DAILY (SKIP TO Q.26)
- 02 MULTIPLE TIMES A WEEK (SKIP TO Q.25)
- 03 ONCE A WEEK (SKIP TO Q.25)
- 04 A COUPLE OF TIMES A MONTH (LESS THAN ONCE A WEEK) (SKIP TO Q.25)
- 05 ONCE A MONTH (SKIP TO Q.25)
- 06 LESS THAN ONCE A MONTH (SKIP TO Q.25)
- 07 NEVER (ASK Q.24)
- 08 OTHER (ASK Q.23sp)

23sp. SPECIFY: _____ (SKIP TO Q.25)

(ASK Q.24 ONLY IF DON'T TALK OR HAVE ANY CONTACT (Q.21=02) OR (Q.23=07))

24. What is the reason you don't have contact with him?

- 01 HE DOESN'T WANT ANY
- 02 HE IS IN JAIL
- 03 I DON'T WANT ANY (**SKIP TO Q.26**)
- 04 HE IS DECEASED (**SKIP TO SECTION D**)
- 05 TEEN WAS RAPED (**SKIP TO SECTION D**)
- 06 OTHER (ASK 24sp)

24sp. SPECIFY: _____

25. Would you like to have (more) contact?

- 01 Yes
- 02 No

(IF BABY DIED (B1=06 or 07), SKIP TO Q26f)

26. How is (BABY)'s father involved in (BABY) life? Does he . . .	Yes	No
a. Provide some financial support or money for things you need?	01	02
b. Provide diapers, gifts, food, etc?	01	02
c. Help with childcare on a regular basis? (SKIP IF Q24=02)	01	02
d. Help with transportation? (SKIP IF Q24=02)	01	02
e. Does his family help take care of the baby?	01	02

(How is (BABY)'s father involved in your life?) Does he . . .

f. Expect you to continue your education?	01	02
g. Want to have another child with you?	01	02
h. Pressure you to have another baby?	01	02

SECTION D: SCHOOL OR TRAINING/FUTURE PLANS

The next few questions are about your education.

1. What grade are you currently in or were you when you left school? MARK ALL THAT APPLY

- 01 Less than 8th grade
- 02 8th
- 03 9th
- 04 10th
- 05 11th
- 06 12th-no diploma
- 07 12th-graduated
- 07 1st year college

2. Have you participated in school or job training programs in the past 12 months? This includes online courses. (MARK ALL THAT APPLY)

- 01 Yes, school/GED/online classes
- 02 Yes, job training
- 03 None (SKIP TO Q.20)

DK, R, NA → GO TO Q.3

3. Have you participated in school or job training programs in the past 6 months? This includes online courses.

(MARK ALL THAT APPLY)

- 01 Yes, school/GED/online classes? ASK 3a
3a. How many schools/GED have you attended? |__|__| (0-99)
- 02 Yes, job training? ASK 3b
3b. How many job training programs have you attended? |__|__| (0-99)
- 03 None (SKIP TO Q.16)

DK, R, NA → SKIP TO Q.16

4. Are you currently in school or in a job training program? (NOTE: IF THE INTERVIEW OCCURS WHILE ON WINTER OR SUMMER BREAK, CONSIDER HER CURRENTLY IN SCHOOL.)

(MARK ALL THAT APPLY)

- 01 Yes, school
- 02 Yes, job training
- 03 No, neither

IF IN SCHOOL/ TRAINING ANYTIME IN PAST 6 MONTHS

5. What kind of school or job training programs or courses have you participated in? (MARK ALL)

- 01 REGULAR OR TRADITIONAL HIGH SCHOOL (SKIP TO Q.7)
- 02 ALTERNATIVE HIGH SCHOOL (ASK Q.6)
- 03 GED PROGRAM (SKIP TO Q.7)
- 04 VOCATIONAL (SKIP TO Q.7)
- 05 COLLEGE (SKIP TO Q.7)
- 06 ONLINE COURSES (Ask 5_onlinesp)
- 07 OTHER (ASK 5sp)

5sp. SPECIFY: _____

5_online.sp. What type of online courses? _____

IF ONLY TAKING ONLINE COURSES (D5=06 ONLY), SKIP TO D9+10, THEN TO D14.

6. Is it a . . .

- 01 Charter school,
- 02 Program for teen mothers (ASK 6_2sp)

6_2sp. SPECIFY NAME OF PROGRAM: _____

- 03 Home tutor
- 04 Other (ASK 6_4sp)

6_4sp. SPECIFY: _____

7. In the past 6 months, that is since (MONTH), on average about how many days per month did you miss going to school or job training because you skipped?

- 01 NEVER
- 02 ONLY ONE OR TWO DAYS PER MONTH
- 03 3-5 DAYS PER MONTH
- 04 6 OR MORE DAYS PER MONTH

[SKIP TO D9 IF BABY DIED IN 1-6 MONTHS (B1=06) OR NO CONTACT WITH BABY (B5=7) OR (B6=0)]

8. In the past 6 months, on average about how many days per month did you miss going to school or job training because something came up with the baby?

- 01 NEVER
- 02 ONLY ONE OR TWO DAYS PER MONTH
- 03 3-5 DAYS PER MONTH
- 04 6 OR MORE DAYS PER MONTH

IF IN SCHOOL ANYTIME IN PAST 6 MONTHS

[SKIP TO D13 IF DID NOT ATTEND SCHOOL IN PAST 6 MONTHS (D3<>01), BUT ATTENDED JOB TRAINING (D3=02)]

9. On an average weekday, about how much time did you spend doing homework in the past 6 months?

- 01 NONE
- 02 HALF HOUR OR LESS
- 03 BETWEEN HALF AN HOUR AND AN HOUR
- 04 1 HOUR
- 05 2 HOUR
- 06 3 HOURS OR MORE

10. In the past 6 months what grades did you usually earn?

- 01 MOSTLY A's
- 02 ABOUT HALF A's AND HALF B's
- 03 MOSTLY B's
- 04 ABOUT HALF B's AND HALF C's
- 05 MOSTLY C's
- 06 ABOUT HALF C's AND HALF D's
- 07 MOSTLY D's
- 08 MOSTLY BELOW D's
- 09 NOT GRADED

IF IN SCHOOL (NOT ONLINE) ANYTIME IN PAST 6 MONTHS
(SKIP TO D14 IF ONLY ONLINE (Q5=06 ONLY).

11. Have you been in special education classes or special education tutoring in the past 6 months?

- 01 Yes
- 02 No

For these next questions, please use showcard #2.

12. How often did you . . .	Usually	Sometimes	Never
a. Feel bored at school? Would you say . . .	01	02	03
b. Go to classes without bringing paper or something to write with? Would you say . . .	01	02	03
c. Go to classes without your homework finished?	01	02	03
d. Go to classes without your books?	01	02	03

IF CURRENTLY ATTENDING SCHOOL OR JOB TRAINING

[IF D4=03 (NOT CURRENTLY IN SCHOOL) AND D2=03 (NOT IN LAST 12MO) SKIP TO D18]

[IF D4=03 (NOT CURRENTLY IN SCHOOL) BUT D2=01 OR 02 (WAS IN LAST 12MO) SKIP TO D16]

13. How many close friends do you have at your school or job training program? |____|____| (0-99)

14. On average how many hours per week do you participate in school or a job training program?

|____| HOURS (0-170)

15. When you complete this training what type of certificate will you have?

- 01. High school diploma/GED
- 02. Job training certificate **(ASK 15sp)**
- 03. Vocational/certificate program **(ASK 15sp)**
- 04. Associates Degree (AA)
- 05. Bachelors Degree (BA/BS)

15sp. Specify Type of certificate: _____

IF IN SCHOOL/JOB TRAINING ANYTIME IN PAST 12 MONTHS

16. Did you receive a diploma, degree or certificate in the past 12 months? (PROBE: What type?) (MARK ALL THAT APPLY)

- 01. No
- 02. Yes, high school diploma/GED
- 03. Yes, job training certificate
- 04. Yes, vocational/certificate program
- 05. Associates Degree (AA)

17. How many months after you delivered did you begin your participation in school or a training program?

|____| MONTHS (0-18)

IF IN SCHOOL ANYTIME IN PAST 12 MONTHS

[IF D2>01 (NOT IN SCHOOL IN PAST 12 MO) SKIP TO D20]

[IF D5=06 ONLY (ONLINE ONLY) SKIP TO D22]

If you are not currently in school, think back to the last time you were in school in the past 12 months.

18. Please use showcard #3. Tell me how true the following statements are about you and your school.	01 Not at All True	02 A Little True	03 Pretty Much True	04 Very Much True
a. At my school there was a teacher or some other adult who told me when I did a good job. Is this...				
b. At my school there was a teacher or some other adult who listened to me when I had something to say. Is this...				
c. who believed that I would be a success.				
d. who showed they cared about me.				

19.	In the past 12 months, have you received special praise, an award, or recognition for any of the following school activities?	01 Yes	02 No
a.	Being on the honor roll		
b.	Sports team		
c.	School paper or Yearbook		
d.	School Government		
e.	Peer Counselor		
f.	Community Service		
g.	Art Recognition		
h.	Cheering Squad		
i.	Anything else? (ASK 19sp)		
19sp Specify _____			

IF NOT CURRENTLY IN SCHOOL/JOB TRAINING

(ASK D20 IF NEVER ATTENDED SCHOOL (D2=03 OR D3=03 OR DK, R, NA) OR NOT CURRENTLY IN SCHOOL (D4=03). ELSE SKIP TO Q.21)

20. Why are you not attending school or training? (MARK ALL THAT APPLY)

- 01 WORK HOURS INTERFERE WITH SCHOOL ATTENDANCE
- 02 PREFER TO STAY HOME WITH BABY
- 03 CAN'T GET OR FIND CHILDCARE
- 04 DON'T WANT MORE EDUCATION OR TRAINING
- 05 NO TRANSPORTATION
- 06 CAN'T AFFORD TUITION
- 07 APPLICATION ACCEPTANCE PENDING
- 08 OTHER (ASK 20sp)

20sp. SPECIFY: _____

IF NEVER IN SCHOOL/JOB TRAINING IN PAST 12 MONTHS

(ASK D21 IF NEVER ATTENDED SCHOOL OR TRAINING (D2=03 OR DK, R, NA). ELSE SKIP TO Q.22)

21. Have you taken (did you take) actions to enroll in school in the past 6 months?

- 01 Yes
- 02 No

ASK ALL

22. How far do you hope to go in school?

- 01 HIGH SCHOOL GRADUATION
- 02 GED
- 03 TRADE SCHOOL AFTER HIGH SCHOOL/GED
- 04 COLLEGE
- 05 MORE THAN COLLEGE
- 06 NO FURTHER (SKIP TO Q.24)
- 07 OTHER (ASK 22sp)

22sp. SPECIFY: _____

For this next question please use showcard #4.

23. How likely is it that you will achieve or reach your educational goal? Would you say . .

- 01 Not at all likely,
- 02 Not very likely,
- 03 Sort of likely,
- 04 Quite likely, or
- 05 Very likely?

24. For this next question please use showcard #5. How important is it to you to get a good job or be successful in a career?

Would you say...

- 01 Not at all important
- 02 Not very important
- 03 Sort of important
- 04 Quite important
- 05 Very important

SECTION E: DEPRESSION

Sometimes people experience difficult situations in their life. The next few questions are about some problems you may have had. For these next questions, please use showcard #6.

1. Over the last 2 weeks, how often have you been bothered by any of the following problems:	Not at all	Several Days	More than half the days	Nearly every day
a. Little interest or pleasure in doing things? Would you say . . .	01	02	03	04
b. Feeling down, depressed or hopeless? Would you say . . .	01	02	03	04
c. Trouble falling or staying asleep?	01	02	03	04
d. Feeling tired or having little energy?	01	02	03	04
e. Poor appetite or overeating?	01	02	03	04
f. Feeling bad about yourself – or that you are a failure or have let yourself or your family down?	01	02	03	04
g. Trouble concentrating on things, such as reading the newspaper or watching television?	01	02	03	04
h. Moving or speaking so slowly that other people could have noticed. Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?	01	02	03	04
i. Thoughts that you would be better off dead or hurting yourself in some way?	01	02	03**	04**

** INSERT WARNING ALERT SCREEN: “TEEN NEEDS MENTAL HEALTH ASSESSMENT”

	Yes	No	N/A
2. Are you having regular arguments or conflicts with your present steady boyfriend or partner?	01	02	-7
3. Are you having some sort of problem with any of your former boyfriends or partners?	01	02	
4. Do you get hassled pretty often by bill collectors, collection agencies, or landlords?	01	02	
5. Do you or someone in your household have a long-term illness?	01	02	

6. In the last 6 months, have any of these events happened to you or people you lived with?	Yes	No
(FI NOTE: IF BABY DIED IN PAST 6MO (A1=07) CODE 01)	01	02
a. Death of a family member?	01	02
b. Death of a friend?	01	02
c. Family member in jail?	01	02
d. Your current or previous boyfriend went to jail	01	02
e. Any kind of violent act such as: being shot, mugged, robbed, raped, beat-up in the last 6 months?	01	02
f. Evicted?	01	02
g. Job loss?	01	02
h. Drug problem in the last 6 months? (IF YES, ASK h_1)	01	02
h_1. And who was that?	01 MOTHER (IF NOT MOTHER-FIGURE) 02 MOTHER-FIGURE 03 SELF 04 OTHER	
i. Alcohol or drinking problem in the last 6 months? (IF YES, ASK i_1)	01	02
i_1. And who was that?	01 MOTHER (IF NOT MOTHER-FIGURE) 02 MOTHER-FIGURE 03 SELF 04 OTHER	
j. Deeply in debt?	01	02
k. Divorce or separation?	01	02

SECTION F: RELATIONSHIP WITH MOTHER/ MOTHER FIGURE/ PARENTS

SECTION F0: IDENTIFY M-F

- A. Is your mother-figure in the GirlTalk program your (INSERT RELATIONSHIP FROM CONTACT SHEET)?**
IF CONTACT SHEET IS BLANK- Do you have a mother-figure in the GirlTalk program with you?
01. M-F IS BIOLOGIC MOM (SKIP TO SECTION F2, Q1)
 02. M-F IS NOT BIOLOGIC MOM
A_sp. SPECIFY RELATIONSHIP OF M-F: _____ (GO TO SECTION F1)
(Use this for programming.)
 03. NO M-F IN STUDY (GO TO SCREEN B BELOW)

(VIEW SCREEN B IF SECTION F0_A=03)

SCREEN B: IF NO M-F IN STUDY

Think back to the last time we conducted an interview with you and we asked you about the person who was most like a mother to you. We will be asking about this same person again, whether or not she was in this program with you.

- B. What is your relationship to this person?** (IF TEEN CANNOT SPECIFY RELATIONSHIP, REQUEST HER FIRST NAME.)
01. M-F IS BIOLOGIC MOM (Use for programming) (GO TO SECTION F2, Q1)
 02. M-F IS NOT BIOLOGIC MOM
A_sp. SPECIFY RELATIONSHIP OF M-F: _____ (GO TO SECTION F1)
(Use this for programming.)
 03. NO M-F IN HER LIFE DURING LAST INTERVIEW, (GO TO SECTION F1, THEN SKIP TO SECTION F4)

SECTION F1: BIOLOGIC MOTHER

[ASK SECTION F1 ONLY IF A=02 AND B=02 or 03 (MF IS NOT BIOLOGIC MOM OR NO MF)]

The next few questions are about your biologic mother, that is, the mother you were born to.

1. Does your biologic mother currently live in this household?

- 01 Yes or Sometimes {SKIP TO SECTION F2}
- 02 No

2. When did you last live with her?

- _____ # weeks ago (RANGE 0-4)
- _____ # months ago (RANGE 0-12)
- _____ # years ago (RANGE 0-19)

-7 NEVER LIVED WITH MOM

3. In the last 6 months, about how often have you talked to her in person or on the telephone, or received a letter from her? Would you say. . .

- 01 Not at all,
- 02 Once or twice,
- 03 Several times,
- 04 A few times a month, or
- 05 More than once a week?
- 06 MOTHER DIED
- 8 DON'T KNOW

SECTION F2: MOTHER-FIGURE

[FILL IN "MOTHER/M-F" WITH "mother" or M-F RELATIONSHIP FROM F0_A_sp or B_sp]

(VIEW SCREEN A IF SECTION F0_A=02 or B=02)

SCREEN A : IF M-F IS NOT TEEN'S MOTHER

In this section we will be asking about your [RELATIONSHIP OF M-F, FROM SECTION F0_A_sp or B_sp], the person you said was most like a mother to you.

[IF NOT IN SCHOOL IN PAST 6 MO (D3?01 OR D3 skipped) OR ONLINE ONLY (D5=06 ONLY), **SKIP TO Q.2**]

For these next questions, please use showcard #7.

1. In the past 6 months, that is since (MONTH), how often did your (MOTHER/M-F)...?	01 Never	02 Rarely	03 Sometimes	04 Often
a. ...help you with your school work? Would you say...				
b. How often did (MOTHER/M-F) talk to you about what you are doing in school. Would you say...				
c. ...ask you about homework?				
d. ...go to meetings or events at your school?				

2. Please use (keep using) showcard #7. In the past 6 months, how often did you and your (MOTHER/M-F) talk about . . .	Never	Rarely	Sometimes	Often
a. pressure from peers to join in risky behavior? Would you say . . .	01	02	03	04
b. In the past 6 months, how often did you and your (MOTHER/M-F) talk about protecting yourself from becoming pregnant? Would you say . . .	01	02	03	04
c. specific birth control methods?	01	02	03	04
d. the time of the month when you most easily could get pregnant?	01	02	03	04
e. protecting yourself from Sexually Transmitted Diseases, STDs, STIs, or AIDS?	01	02	03	04
f. the role of sex in your relationships with boys?	01	02	03	04

3. In the last 3 months, that is since (MONTH), which of the following things have you done with your (MOTHER/M-F)?	Yes	No	NA
(SKIP 3a IF BABY DIED IN 1 st 6MO (B1=06) OR (B5=07))	01	02	03
a. Spent time together with the baby?	01	02	03
b. Stayed overnight at her place?	01	02	03
c. Gone to a religious service or church-related event?	01	02	03
d. Talked about someone you're dating?	01	02	03
e. In the last 3 months, have you and your (MOTHER/M-F) gone to a movie, play, museum, concert, or sports event?	01	02	03
f. Talked about your friends or a party you went to? (NOTE: 'party' means 'getting together socially with friends'.)	01	02	03
g. Had a talk about a personal problem you were having?	01	02	03
h. Had a serious argument about your behavior?	01	02	03
i. In the last 3 months, have you and your (MOTHER/M-F) talked about your school work, grades, or education?	01	02	03
j. Worked on a school project or around the house together?	01	02	03

4. How do you rate your level of communication with your (MOTHER/M-F) about sexual issues? Would you say . . .

- 01. We communicate much less than I want to about these issues.
- 02. We communicate a little less than I want to about these issues.
- 03. We communicate as much as I want to about these issues?

5. How do you rate your level of communication with your (MOTHER/M-F) about issues not related to sex? Would you say . . .

- 04. We communicate much less than I want to about these issues.
- 05. We communicate a little less than I want to about these issues.
- 06. We communicate as much as I want to about these issues?

6. Please use showcard #8. Tell me how much you agree or disagree with the following statements.	01 Strongly Disagree	02 Moderately Disagree	03 Neither agree nor disagree	04 Moderately Agree	05 Strongly Agree
a. I can discuss my beliefs with my (MOTHER/M-F) without worrying that she would be upset or angry or make fun of me. Do you...					
b. Sometimes I have trouble believing everything my (MOTHER/M-F) tells me. Do you. . .					
c. My (MOTHER/M-F) is always a good listener.					
d. I am sometimes afraid to ask my (MOTHER/M-F) for what I want.					
e. My (MOTHER/M-F) has a tendency to say things to me which would be better left unsaid, or that I wish she had not said					
f. My (MOTHER/M-F) can tell how I'm feeling without asking.					
g. I am very satisfied with how my (MOTHER/M-F) and I talk together. (I feel good about how we talk.)					
h. If I were in trouble I could tell my (MOTHER/M-F).					
i. I openly show affection to my (MOTHER/M-F), for example, I can give her a hug or tell her that I love her.					
j. When we are having a problem, I often give my (MOTHER/M-F) the silent treatment. Do you...					
k. I am careful about what I say to my (MOTHER/M-F).					
l. When talking to my (MOTHER/M-F), I have a tendency to say things that would be better left unsaid or things I wish I had not said. Do you. .					
m. When I ask questions I get honest answers from my (MOTHER/M-F).					
n. My (MOTHER/M-F) tries to understand my point of view.					
o. There are topics I avoid discussing with my (MOTHER/M-F).					
p. It is very easy for me to talk about my true feelings to my (MOTHER/M-F).					
q. My (MOTHER/M-F) nags or bothers me.					
r. My (MOTHER/M-F) insults me when she is angry with me.					
s. I don't think I can tell my (MOTHER/M-F) how I really feel about some things.					

For these next questions, please use showcard #9.	Not at all or Hardly Ever	A Few Times	Sometimes	About once a day	More than once a day
7. Thinking back over the last 3 months, that is since (MONTH), in a typical week, how often did your (MOTHER/M-F) praise or compliment you on things you did? Would you say . . .	01	02	03	04	05
8. In a typical week, how often was your (MOTHER/M-F) affectionate with you such as hugging or kissing you? Would you say ...	01	02	03	04	05
9. How often did you have a good time with her?	01	02	03	04	05
10. How often did you feel close with her?	01	02	03	04	05
11. <u>Still thinking back over the last 3 months</u> , in a typical week, how often did your (MOTHER/M-F) make you feel good about what you had done?	01	02	03	04	05
12. How often did she get angry at you?	01	02	03	04	05
13. How often did she criticize or nag you? Would you say . . .	01	02	03	04	05
14. How often did she shout or yell at you?	01	02	03	04	05
15. How often did you and she get into arguments?	01	02	03	04	05
16. How often did she punish you such as taking away your privileges like watching T.V. or talking on the phone?	01	02	03	04	05

17. Are you currently living in the same household with your (MOTHER/M-F)?

- 01 Yes or Sometimes {SKIP TO Q19}
02 No

18. When did you last live with her?

_____ # weeks ago (RANGE 0-4)
_____ # months ago (RANGE 0-12)
_____ # years ago (RANGE 0-20)

-7 NEVER LIVED WITH MOM

(IF TEEN NOT CURRENTLY LIVING WITH MF SKIP TO Q.21)

For these next questions, please use showcard #10.

19. How often is your (mother/mother-figure) able to be home when you get home from school, or with you in the afternoons?

Would you say . . .

01. Always
02. Most of the time
03. Some of the time
04. Almost never
05. Never

20. How often is your (mother/mother-figure) able to be home when you get up? Would you say . . .

- 01. Always
- 02. Most of the time
- 03. Some of the time
- 04. Almost never
- 05. Never

21. How many times in a typical week did you eat the evening meal with your (mother/mother-figure)?

|__| times per week (LIMIT: 0-7)

22. For these next questions, please use showcard #11. How much does your (mother/M-F) <u>really</u> know about...?	01 Doesn't Know at All	02 Knows a Little	03 Knows Pretty Much	04 Knows a Lot
a. who your female friends are? Would you say she...				
b. who your male friends are? Would you say...				
c. how you spend your money?				
d. what you do with your free time?				

SECTION F3: NO MOTHER-FIGURE IN STUDY

(ASK IF F0_A=03 and F0_B ? 03)

1. What was your (mother/mother-figure)'s date of birth?

|__|_|__|_|__|_|

98 Don't Know (SKIP TO 1b)

99 Refused (SKIP TO 1b)

1a. So, your (mother/mother-figure) is (ENTER AGE FROM DOB GIVEN ABOVE) years old?

- 01. Yes (SKIP TO Q.2)
- 02. No (ASK 1b)

1b. How old is your (mother/mother-figure)?

|__|_| (years)

2. What is your (Mother/mother-figure)'s ethnic background or race? SELECT ALL THAT APPLY.

- 01. BLACK, AFRICAN AMERICAN (GO TO Q.3)
- 02. LATINA OR HISPANIC (ASK 2a)
- 03. WHITE (GO TO Q.3)
- 04. ASIAN (GO TO Q.3)
- 05. SOME OTHER RACE (ASK 2sp)
- 2sp. Specify _____ (GO TO Q.3)

(ASK ONLY IF Q2=02)

2a. When you said she was Latina, does she also consider herself...

- 01. White,
- 02. Black , or
- 03. Another race?

3. Was your (mother/mother-figure) born in the United States?

- 01. Yes
- 02. No

4. How would you describe her ability to speak English?

- 01. Very good
- 02. Good
- 03. Fair
- 04. Poor

**5. Why was your (mother/mother-figure) unable to participate in the program?
(MARK ALL THAT APPLY)**

- 01. DOES NOT SPEAK ENGLISH
- 02. NOT A US CITIZEN
- 03. NOT INTERESTED
- 04. SHE WAS TOO BUSY
- 05. LIVED TOO FAR AWAY
- 06. OTHER (sp)
- 5sp. Specify other: _____

SECTION F4: PARENT/PARENTAL-FIGURES

[IF NOT LIVED WITH MF IN LAST 6 MO (F2_18>6mo), ASK Q.1]

[IF LIVED WITH MF ANYTIME IN LAST 6 MO (F2_17=01 OR F2_18 = 6mo), SKIP TO Q.2]

1. Have you lived with a parent figure at any time in the last 6 months, that is since (ENTER MONTH)? (Please do not include your boyfriend's parents.)

- 01 Yes
- 02 No (SKIP TO SECTION G)

2. Please tell me how often in the past 6 months, it would be true for you to make each of the following statements about your parent or parental-figures. This would be the person who knows what you're doing most of the time. (If you are not currently living with your parent figures, please think back to the last time when you were living with her or them in the last 6 months.)

For these next questions, please use showcard #12.

	Never	Rarely	Sometimes	Most of the Time	Always
a. My parents know (knew) where I am (was) after school or afternoons. Is this true. . .	01	02	03	04	05
b. If I am (was) going to be home late, I am (was) expected to call my parents. Is this true. . .	01	02	03	04	05
c. I tell (told) my parents who I am (was) going to be with before I go (went) out.	01	02	03	04	05
d. When I go (went) out at night, my parents know (knew) where I am (was).	01	02	03	04	05
e. I talk(ed) with my parents about the plans I have (had) with my friends.	01	02	03	04	05

	Never	Rarely	Sometimes	Most of the Time	Always
f. When I go (went) out, my parents ask(ed) me where I am (was) going.	01	02	03	04	05
g. When I am (was) not at home, school, or at work, my parents know (knew) who I am (was) with.	01	02	03	04	05
h. I am (was) allowed to have male friends in my bedroom.					

3. Do (Did) your parents set a time that they would like (wanted) you to be home on weekend nights?

01. Yes 02. No

(ASK SECTION G IF TEEN PREGNANT AGAIN (C1=01), ELSE SKIP TO SECTION H)

SECTION G: POSITIVE PREGNANCY

(DAVID, B/c of the skips this may be easier to program not in table format)

Now I'm going to ask about your ((ENTER # FROM B1a) pregnancies/ pregnancy) in the past 12 months.

	1 st pregnancy	2 nd pregnancy	3 rd pregnancy
1. How old was (BABY) when you got pregnant again? IF BABY DIED ASK: How many months after you delivered did you get pregnant again?" IF B1a>1 (>1 PREGNANCY) ASK: 1_1. For your first pregnancy, how old was (BABY) when you got pregnant again? 1_2. For your second pregnancy, how old was (BABY) when you got pregnant again? 1_3. For your third pregnancy, how old was (BABY) when you got pregnant again?	____ Months (LIMIT=0-24)	____	____
2. Did you get pregnant again (IF B1a>1 ADD 'the 1st time', 'the 2nd time', 'the 3rd time') by (BABY)'s father, your current or former boyfriend, or someone else? 01 BABY'S FATHER (SKIP TO 5) 02 CURRENT BOYFRIEND (SKIP TO 5) 03 FORMER BOYFRIEND 04 OTHER (ASK 2sp)	01 02 03 04	01 02 03 04	01 02 03 04
2sp. specify other	_____		
(IF C1a>1, ASK 2a_2 and 2a_3. DO NOT ASK 2a_1) 2a. Is this person the same as the person you already told me you got pregnant with?	(DON'T ASK 1st TIME)	01 Yes (SKIP TO Q.5) 02 No	01 Yes (SKIP TO Q.5) 02 No
3. How old is this person?	____ Years (LIMIT=0-99)	____	____
4. How many other children does he have?	____ Children (LIMIT=0-99)	____	____

5. Did you want to get pregnant with that person at that time? Would you say... 01 Definitely no 02 Probably no 03 Neither wanted nor didn't want 04 Probably yes 05 Definitely yes	01 02 03 04 05	01 02 03 04 05	01 02 03 04 05
6. Which of the following best describes the decision about this pregnancy? Would you say... 01 Carry to term 02 Abortion 03 Haven't decided yet 04 STILL BIRTH (SKIP TO Section H, OR G1_2 OR G1_3) 05 MISCARRIED (SKIP TO Section H, OR G1_2 OR G1_3)	01 02 03 04 05 IF C1a>1, GO BACK TO G1_2, ELSE SKIP TO SECT H.	01 02 03 04 05 IF C1a>2, GO BACK TO G1_3, ELSE SKIP TO SECT H.	01 02 03 04 05

SECTION H: CONTRACEPTIVE USE/PHYSICAL DEVELOPMENT

Now I'm going to ask you about birth control.

1. In the past 6 months which of the following methods of birth control did you or your partners use?

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| a. Condoms? | 01 | 02 |
| b. Birth control pills? | 01 | 02 |
| c. Depo Provera (shots)? | 01 | 02 |
| (IF YES, ASK: d. How long ago was your last shot? _____ (open text)) | | |
| e. Patch? | 01 | 02 |
| f. Vaginal ring? | 01 | 02 |
| g. Vaginal sponge? | 01 | 02 |
| h. Foam, jelly, cream, film, or suppositories? | 01 | 02 |
| i. IUD? | 01 | 02 |
| j. Rhythm or safe days of the month or tempsafe? | 01 | 02 |
| k. Withdrawal? | 01 | 02 |
| l. Douching? | 01 | 02 |
| m. Abstinence? | 01 | 02 |
| n. Morning after pill? | 01 | 02 |
| IF YES: o. How many times? ____ times (RANGE 1-99) | | |
| p. Any other method of birth control? | 01 | 02 |
| IF p =YES: 1sp. SPECIFY: _____ | | |

These next few questions refer to sex or sexual intercourse. By that we mean when the male puts his penis in a female's vagina.

[ASK Q.2 IF TEEN USED CONDOMS (Q.1a=Yes), ELSE SKIP TO Q.3]

Now please use showcard #13.

2. **In the past 6 months**, when you had sexual intercourse, how often did you use condoms?

Would you say . . .

- 01. Never
- 02. Hardly ever
- 03. Some of the time
- 04. Most of the time
- 05. Always

[ASK H3 IF TEEN USED ANY CONTRACEPTIVES OTHER THAN CONDOM (1b-i OR 1p=YES), ELSE SKIP TO H4]

3. **In the past 6 months**, when you had sexual intercourse did you always use some form of birth control other than condoms?

- 01 Yes (SKIP TO Q.5) (IF BECAME PREGNANT IN LAST 6MO (G1 =6) AND H2=05 THEN ASK Q.3a AND THEN SKIP TO Q.5)
- 02 No (GO TO Q.4)
- 03 DID NOT HAVE SEX IN PAST 6 MONTHS (GO TO Q.4)

[ASK 3a IF PREGNANT IN LAST 6MO (G1=6) and ALWAYS USED CONDOMS OR CONTRACEPTIVES (Q.2=05 OR Q.3=01)]

3a. **Why didn't they work?**

- 01 CONDOM BROKE
- 02 MISSED PILL
- 03 LATE FOR SHOT
- 04 Other (ASK 3sp)

3sp. Specify: _____

[ASK Q.4 IF NO CONTRACEPTIVES USED (H1b-i+p=02) OR IF CONDOMS NOT ALWAYS (H2=01-04) AND CONTRACEPTIVES NOT ALWAYS (H3=02)]

4. **Have you not always used birth control including condoms in the past 6 months because. . .**

	<u>YES</u>	<u>NO</u>
a. You were afraid to ask?	01	02
b. You never thought of it?	01	02
c. You didn't know where to go, or had no transportation to get it?	01	02
d. It was too much hassle to use?	01	02
e. You were afraid of side effects?	01	02
f. You didn't care if you got pregnant?	01	02
g. You didn't expect to get pregnant?	01	02
h. Your partner didn't like it?	01	02
i. You didn't like it or you didn't want to use it?	01	02
j. You thought it wouldn't work?	01	02
k. You didn't have any available?	01	02
l. Your religion wouldn't allow it?	01	02
m. You didn't plan to have sex or not having sex?	01	02
n. Need Medicaid renewal?	01	02
o. Any other reason?	01	02

IF o=YES: 4sp. SPECIFY _____

[IF NO CONTRACEPTIVES USED (H1b-i+p=02), SKIP TO Q.6]

5. **What medical problems or side effects have you had with birth control in the past 6 months?**
MARK ALL THAT APPLY

- 01. NONE
- 02. MOOD CHANGES/DEPRESSION
- 03. WEIGHT GAIN
- 04. HEADACHES
- 05. BLEEDING BETWEEN PERIODS (MESSED UP PERIODS)
- 06. SKIN CHANGES(COLORATION; ACNE)
- 07. HAIR LOSS
- 08. OTHER SIDE EFFECTS (ASK 5sp)

5sp. SPECIFY _____

[IF DID NOT HAVE SEX IN PAST 6 MONTHS (H3=03) SKIP TO H9, UNLESS TEEN PREGNANT IN LAST 6 MO (G1 =6), THEN ASK H6-9]

6. **In the past 6 months**, that is since (PROGRAM MONTH), with how many males did you have sexual intercourse?

|____|____|(0-99)

[IF DID NOT HAVE SEX IN PAST 6 MONTHS (H6=0) SKIP TO H9, UNLESS TEEN BECAME PREGNANT IN LAST 6 MO]

7. **In the past 6 months**, did you ever drink alcohol when you had sexual intercourse?

01 Yes

02 No

8. **In the past 6 months**, did you ever use marijuana or other drugs when you had sexual intercourse?

01 Yes

02 No

[ASK ALL]

9. **In the past 6 months**, did you get into a sexual situation you later regretted because you'd been using alcohol, marijuana or other drugs?

01 Yes

02 No

[IF TEEN DID NOT HAVE SEX (H6=0 OR H3=03) SKIP TO H12, UNLESS TEEN BECAME PREG IN LAST 6 MO]

10. **Altogether, how many times have you had sexual intercourse in the past 6 months, (that is, since (MONTH))?**

IF BECAME PREGNANT IN LAST 6 MO (G1=6): (but before you got pregnant)

- 01. 1 (ASK 10a)
- 02. 2 (ASK 10b)
- 03. 3 (ASK 10c)
- 04. 4 or more (ASK 10d)

- 10a. **Did you use some form of birth control that time? When we say birth control, this includes condoms.**

- 01. Yes (SKIP TO H12)
- 02. No (SKIP TO H12)

10b. How many of those 2 times did you use some form of birth control? When we say birth control, this includes condoms.

- 01. 0 (SKIP TO H12)
- 02. 1 (SKIP TO H11)
- 03. 2 (SKIP TO H12)

10c. How many of those 3 times did you use some form of birth control? When we say birth control, this includes condoms.

- 01. 0 times (SKIP TO H12)
- 02. 1 time (SKIP TO H11)
- 03. 2 times (SKIP TO H11)
- 04. 3 times (SKIP TO H12)

10d. Think about the last 4 times you had sexual intercourse (in the past 6 months). How many of those times did you use some form of birth control? When we say birth control, this includes condoms.

IF BECAME PREGNANT IN LAST 6 MO (G1=6): (before you became pregnant.)

- 01. 0 times (SKIP TO H12)
- 02. 1 time (SKIP TO H11)
- 03. 2 times (SKIP TO H11)
- 04. 3 times (SKIP TO H11)
- 05. 4 times (SKIP TO H12)

11. Did you use birth control, including condoms the last time you had sexual intercourse?

- 01 Yes
- 02 No

12. Do you have condoms available when you go out, when you're at home, or both?

- 01. Yes, when I go out
- 02. Yes, when I'm at home
- 03. Yes to both
- 04. No, neither

SECTION I: Health Practices/ Attitudes

1. For these next questions, please use showcard #14. Now I'd like you to tell me whether you agree or disagree with the following statements..	01 Strongly Agree	02 Agree	03 Disagree	04 Strongly Disagree
a. In general, birth control is too much of a hassle to use. Do you...				
b. In general, birth control is too expensive to buy. Do you...				
c. It takes too much planning ahead of time to have birth control on hand when you're going to have sex.				
d. It is too hard to get a boy to use birth control with you.				
e. For you, using birth control interferes with sexual enjoyment. Do you...				
f. It is easy for you to get birth control.				
g. Using birth control is morally wrong.				
h. If you used birth control, your friends might think that you were looking for sex.				
i. It is better to be prepared with birth control even if you didn't know you would be having sex.				

2. For these next questions, please use showcard #15. Some teenagers don't use birth control because it's hard for them to plan for things like having sex. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	Very True	Sort of True	Not Very True	Not At All True
a. If a girl uses birth control boys may think she is <u>too</u> prepared for sex. Is that . . .	01	02	03	04
b. It is hard for me to use birth control because I don't like to plan for sex. Is that . . .	01	02	03	04
c. Sometimes I have unprotected sex because I don't like boys to think I'm too prepared for sex.	01	02	03	04
d. I don't like to use birth control because if I do my parents and boyfriends will think I'm having sex.	01	02	03	04

[IF CURRENTLY PREGNANT (C1b=yes), SKIP TO Q.4]

3. For these next questions, continue using showcard #15. Some teenagers don't use birth control because they feel they don't need to. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	Very True	Sort of True	Not Very True	Not At All True
a. I don't need birth control because I only have sex during the safe times of the month. Is that . . .	01	02	03	04
b. I don't have to use birth control because I've had sex for a while without getting pregnant. Is that . . .	01	02	03	04
c. I don't need birth control because my boyfriend is sterile.	01	02	03	04
d. I don't need birth control because my boyfriend is <u>very good</u> at withdrawal.	01	02	03	04

4. Some teenagers don't use birth control because they don't like the side effects it causes. For each of the following statements, please tell me the answer that <u>best</u> describes how you feel.	Very True	Sort of True	Not very True	Not At All True
a. I don't like any kind of birth control, so I have to take the chance of getting pregnant. Is that . . .	01	02	03	04
b. Using most forms of birth control is more dangerous than pregnancy at my age. Is that . . .	01	02	03	04
c. I don't use birth control because it causes too many side effects.	01	02	03	04
d. I can't use any kind of birth control; all kinds give <u>me</u> too many side effects.	01	02	03	04
e. Most people I know think birth control is dangerous; so I'm afraid to use it.	01	02	03	04

[IF CURRENTLY PREGNANT (C1b=yes), SKIP TO Q.9]

- 5. For these next questions, please use showcard #16.**
If you wanted to use birth control, how sure are you that you could stop yourself and use birth control once you were highly aroused or turned on? Would you say . . .
- 01 Very sure
 - 02 Moderately sure
 - 03 Neither sure nor unsure
 - 04 Moderately unsure
 - 05 Very unsure
 - 06 I NEVER WANT TO USE BIRTH CONTROL

6. **How sure are you that you could plan ahead to have some form of birth control available? Would you say . . .**
- 01 Very sure
 - 02 Moderately sure
 - 03 Neither sure nor unsure
 - 04 Moderately unsure
 - 05 Very unsure
 - 06 I NEVER WANT TO USE BIRTH CONTROL
7. **How sure are you that you could resist sexual intercourse if your partner did not want to use some form of birth control? Would you say . . .**
- 01 Very sure
 - 02 Moderately sure
 - 03 Neither sure nor unsure
 - 04 Moderately unsure
 - 05 Very unsure
 - 06 I NEVER WANT TO USE BIRTH CONTROL
8. **When it comes to decisions about sex and birth control who has the final say? (NOTE: If no current boyfriend, think back to the most recent boyfriend you had sex with) Would you say...**
- 01 Your boyfriend always does
 - 02 Your boyfriend does most of the time
 - 03 You both do the same
 - 04 You do most of the time
 - 05 You do always
9. **In the last 6 months, have you been told by a doctor or nurse that you had:**
- | | | |
|---------------------|-------------------|-------|
| 9a. Chlamydia? | 01 Yes | 02 No |
| 9b. HIV or AIDS? | 01 Yes | 02 No |
| 9c. Any other STDs? | 01 Yes (ASK 9_sp) | 02 No |
- 9_sp SPECIFY: _____

[IF CURRENTLY PREGNANT(C1=yes) AND BECAME PREGNANT IN MO 1-5 (G1_1<=6), SKIP TO Q.11]

10. **In the past 6 months, how often have you and the doctor or nurse talked about preventing pregnancy or using birth control? Would you say . . . IF TEEN PREGNANT IN LAST 6 MO (G1>=6) (In the past 6 months but before you became pregnant again,)**
- 01 Nearly Every Visit (SKIP TO Q.11)
 - 02 Sometimes (SKIP TO Q.11)
 - 03 Rarely (SKIP TO Q.11)
 - 04 Never (GO TO Q.10a)
- 10a. **Why haven't you talked about it? Would you say . . .**
- 01 They never brought it up
 - 02 I never asked
 - 03 I was uncomfortable about asking
 - 04 I didn't plan to have sex
 - 05 Other (ASK 10_sp)
- 10_sp. SPECIFY: _____

11. How hard or easy would it be for you to talk with your doctor or nurse about sex? Would you say . . .

- 01 Very hard
- 02 Hard
- 03 Easy
- 04 Very easy

12. How hard or easy (is it/would it be) for you to talk with your doctor or nurse about preventing pregnancy or using birth control? Would you say . . .

- 01 Very hard
- 02 Hard
- 03 Easy
- 04 Very easy

Teen moms/ (teens) have different ideas about how having another baby might affect their life. We would like to ask you a few questions about how YOU feel about having another baby soon, and how you think it might affect your life. There are no "right" or "wrong" answers, we just want to know how you feel.

(IF TEEN CURRENTLY PREGNANT (C1b=01), SKIP TO H16)

13. Which of the following comes closest to how you feel? Would you say . . .

- 01 I definitely do not want to get pregnant again soon.
- 02 I wouldn't really mind getting pregnant again soon.
- 03 I would really like to get pregnant again soon.

14. Some teens think that having another baby would have a good effect and others think the effect would be bad.

a. Tell me which of these statements is most true for you.

- 01. I feel that having another baby soon would get in the way of my plans for the future,
- 02. I feel that having another baby soon would fit into my plans for the future, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

b. The next statements are . . .

- 01. Having another baby soon would be too much of a burden on me,
- 02. Having another baby soon would not be too much of a burden on me, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

c. (The next statements are . . .)

- 01. Having another baby soon would cause trouble between me and my boyfriend,
- 02. Having another baby soon would make things better between me and my boyfriend, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.
- 05 NO BOYFRIEND

d. (The next statements are . . .)

- 01. If I had another baby, I would have to move out of my home, which I would not feel good about,
- 02. Having another baby would give me a chance to move out of my home, which I would feel good about, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

<p>15. For these next questions, please use showcard #17. What do you think are the chances that you will get pregnant again before your baby turns 2 years.</p> <p>IF BABY DIED or no contact with baby (B6=0 OR B5=07) ASK... that you will get pregnant again (in the next 12 months or 1 year)?</p>	01. Almost No Chance	02. Some Chance, Probably Not	03. A 50-50 Chance	04. A Good Chance	05. Almost Certain
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(AFTER H15, SKIP TO H18)

ASK IF TEEN CURRENTLY PREGNANT

16. Which of the following comes closest to how you feel? Would you say . . .

- 01 I definitely did not want to get pregnant again now.
- 02 I really didn't mind getting pregnant again now.
- 03 I really liked getting pregnant again now.

17. Some teens think that having another baby would have a good effect and others think the effect would be bad.

a. Tell me which of these statements is most true for you.

- 01. I feel that having another baby will get in the way of my plans for the future,
- 02. I feel that having another baby will fit into my plans for the future, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

b. The next statements are . . .

- 01. Having another baby will be a burden on me,
- 02. Having another baby will not be too much of a burden on me, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

c. (The next statements are . . .)

- 01. Having another baby will cause trouble between me and my boyfriend,
- 02. Having another baby will make things better between me and my boyfriend, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.
- 05 NO BOYFRIEND

d. (The next statements are . . .)

- 01. Having another baby, means I might have to have to move out of my home, which I would not feel good about,
- 02. Having another baby might give me a chance to move out of my home, which I would feel good about, or
- 03. I go back and forth, so both are true for me.
- 04. NEITHER ARE TRUE FOR ME.

Now think about your (mother/mother-figure).

For this next question, please use showcard #18.	Disapprove	Sort of Disapprove	Sort of Approve	Approve	NOT APPLICABLE
18. If you got pregnant again before your child was 2 years old would your (mother/mother-figure). . . IF TEEN EVER PREGNANT AGAIN (C1=01) How does/did your (mother/mother-figure)...feel about your getting pregnant again? Does/did she... IF BABY DIED (B1=06 or 07) or(B6=07) or (B7=0) If you got pregnant again in the next 12 months or 1 year would your (mother/mother-figure)...	01	02	03	04	-7

19. For these next questions, please use showcard #19. Please tell me how much you agree or disagree with the following statements. [FI NOTE: C1=no, ASK "If you"; C1=yes, ASK "When you"]	01 Strongly Agree	02 Agree	03 Neither agree nor disagree	04 Disagree	05 Strongly Disagree
a. (If/When) you got pregnant again, it (would be/was) embarrassing for your family. Do you...					
b. (If/When) you got pregnant again, it (would be/was) embarrassing for you. Do you...					
c. (If/When) you got pregnant, you (would feel/felt) that you had to quit school.					
d. (If/When) you got pregnant, you (would be/were) forced to grow up too fast.					
e. (If/When) you got pregnant you (would have/had) to decide whether or not to have the baby and that (would be/was) stressful and difficult.					

SECTION J: HEALTH PRACTICES – ATTITUDES & KNOWLEDGE

1. For these next questions, please use showcard #20. Imagine that sometime in the future you were to have sexual intercourse with someone just once, but were unable to use any method of birth control for some reason. What is the chance that you would get pregnant? Would you say . . .

- 01 Almost no chance
- 02 Some chance, but probably not
- 03 A 50-50 chance
- 04 A good chance
- 05 Almost certain
- 8 DON'T KNOW

For the next few statements, please tell me which phrase you think best completes the sentence.

2. A woman is most likely to get pregnant if she has intercourse...

- 01 a day or so before her period
- 02 during her period
- 03 halfway between periods
- 04 risk is the same throughout
- 8 DON'T KNOW

3. A sperm can stay alive and able to fertilize an egg in the woman's body for as long as...

- 01 two hours
- 02 1-2 days
- 03 3-7 days
- 8 DON'T KNOW

4. The least reliable method of birth control is:

- 01 condom
- 02 withdrawal
- 03 rhythm/safe days of the month
- 04 birth control pills
- 98 DON'T KNOW

5. The most reliable method of birth control is:

- 01 condom
- 02 depo provera (shots)
- 03 birth control pills
- 04 rhythm/safe days of the month
- 8 DON'T KNOW

SECTION K: ACCESS TO HEALTH SERVICES

1. Do you have a doctor or clinic that you go to for your regular health care for illnesses or health check-ups?

- 01 Yes (ASK Q1a)
- 02 No (SKIP to Q2)

1a. What is the name of the doctor or clinic?

- 01. Children's National Medical Center
- 02. Washington Hospital Center
- 03. Chartered Health
- 04. Other: (ASK Q1sp)

1sp Specify. _____ (OPENED TEXT)

IF TEEN PREGNANT IN MO 1-5 AND CURRENTLY PREGNANT, SKIP TO K6.

2. (In the past 6 months), did you meet with a health provider, doctor, or nurse?

IF TEEN PREGNANT IN LAST 6 MO (In the last 6 months but before you became pregnant again,)

- 01 Yes
- 02 No
- 8 DON'T KNOW

3. (In the past 6 months), did you receive advice, services, or a prescription for preventing pregnancy from any health provider?

IF TEEN PREGNANT IN LAST 6 MO (In the last 6 months but before you became pregnant again,)

- 01 Yes {SKIP TO Q4}
- 02 No {GO TO Q3a, THEN SKIP TO Q6}
- 8 Don't Know {SKIP TO Q4}

3a. Why not? (MARK ALL THAT APPLY)

- 01 PARENTS WOULDN'T ALLOW IT
- 02 HEALTH PROVIDER DIDN'T BRING IT UP
- 03 AFRAID TO ASK
- 04 NEVER THOUGHT OF IT
- 05 DIDN'T DISCUSS SEX
- 06 WASN'T PLANNING TO HAVE SEX
- 07 DON'T WANT TO USE BIRTH CONTROL
- 08 OTHER (ASK 3a_sp)

3a_sp: SPECIFY: _____

[AFTER Q3a, SKIP TO Q.6]

4. Where did you receive that advice or service?

- 01 PRIVATE DOCTOR'S OFFICE
- 02 COMMUNITY HEALTH CLINIC (ASK 4sp)
- 03 SCHOOL
- 04 HOSPITAL (ASK 4sp)
- 05 PLANNED PARENTHOOD
- 06 SOME OTHER PLACE (ASK 4sp)

4sp: specify place _____

5. What birth control methods were recommended to you or your partner by your doctor, a clinic, or Planned Parenthood (in the past 6months)? (MARK ALL THAT APPLY)

IF TEEN PREGNANT IN LAST 6 MO (In the last 6 months but before you became pregnant again,)

- 01. NONE
- 02. CONDOMS
- 03. BIRTH CONTROL PILLS
- 04. DEPO PROVERA (SHOTS)
- 05. PATCH
- 06. NORPLANT (IMPLANT)
- 07. VAGINAL RING
- 08. VAGINAL SPONGE
- 09. FOAM/JELLY/CREAM/FILM/SUPPOSITORIES
- 10. DIAPHRAGM
- 11. IUD
- 12. RHYTHM/SAFE DAYS OF THE MONTH/TEMPSAFE
- 13. WITHDRAWAL
- 14. DOUCHING
- 15. ABSTINENCE
- 16. MORNING AFTER PILL
- 17. OTHER (GO TO 5sp)

5sp: _____

IF CURRENTLY PREGNANT SKIP TO Q.8

6. Are you having problems getting birth control supplies?

- 01 Yes (**ASK Q7**)
- 02 No (**SKIP to Q8**)

7. What problems are you having? (CHECK ALL THAT APPLY)

- 01 PARENTS WON'T ALLOW IT
 - 02 DIDN'T KNOW WHERE TO GO
 - 03 NO TRANSPORTATION
 - 04 TOO EXPENSIVE
 - 05 NEED MEDICAID RENEWAL
 - 06 OTHER (Ask 8sp)
- 8sp. Specify:** _____

8. In the past 6 months, have you received any psychological or emotional treatment other than with the GirlTalk staff?

- 01 Yes
- 02 No

9. In the past 6 months, have you been in a drug/alcohol abuse program?

- 01 Yes
- 02 No

SECTION L: Problem Behaviors

In the past 6 months...

	Yes	No
1. Did you sneak out of the house to meet a boy?	01	02
2. Did you get drunk?	01	02
3. Did you ever stay out all night without your parents' permission?	01	02
4. ... lie to your parents about where you went?	01	02
5. ... go to a party at which peers drank alcohol?	01	02
6. ... go to a party at which peers smoked marijuana?	01	02
7. ... go to a party at which people had sex during or afterwards?	01	02
8. ... run away from home?	01	02

In the past 6 months did you ever...

	Yes	No
9. ... steal money or something worth \$10 or less?	01	02
10. ... steal money or something worth \$10 to \$50?	01	02
11. ... steal money or something worth more than \$50?	01	02
12. ... damage or destroy property?	01	02
13. ... get picked up by the police?	01	02
14. ... steal a car/ drive a car without the owner's permission?	01	02
15. ... trade sex for drugs, jewelry, clothes, or other nice things?	01	02
16. ... sell drugs?	01	02
17. ... carry a weapon?	01	02
18. ... belong to a gang?	01	02

19. For these next questions, please use showcard #21. Among the people you consider to be your closest friends who are girls, how many would you say...?	01 None	02 A Few	03 Some	04 Most	05 All
a. Drink alcohol once a week or more? Would you say...					
b. Have used drugs such as marijuana? Would you say..					
c. Have used other drugs such as cocaine?					
d. Do well in school?					
e. Plan to go to college?					
f. Get into trouble at school?					
g. Have had a baby?					

19. For these next questions, please use showcard #21. Among the people you consider to be your closest friends who are girls, how many would you say...?	01 None	02 A Few	03 Some	04 Most	05 All
h. Have had an abortion?					
i. Have had two or more babies?					

[IF TEEN NOT IN SCHOOL IN PAST 12MO (D2=03 OR ONLY 02), SKIP TO SECTION M]

20. In the past 12 month, that is since last (MONTH+YEAR), have you had any of the following problems in school?	Yes	No
a. Being expelled	01	02
b. Being suspended	01	02
c. Failing at least one class	01	02
d. Skipping school	01	02
e. Fighting	01	02
f. Dropping out or quit going	01	02
g. Any other problems? (IF YES, ASK 20sp)	01	02
20sp. SPECIFY: _____		

SECTION M: Physical Abuse

1. Have you hit or physically hurt anyone in the past 6 months?

- 01. Yes, once
- 02. Yes, more than once
- 03. No (SKIP TO Q.3)

2. With whom did you fight? Was it . . . (MARK ALL THAT APPLY)

- 01. A total stranger,
- 02. A friend or someone else you knew,
- 03. A boyfriend or date,
- 04. A parent, brother, sister, or other family member,
- 05. A teacher, or
- 06. Someone else? (ASK 2_sp)

2_sp SPECIFY: _____

3. In the past 6 months...	Yes	No
a. Have you been physically abused, beaten, or harmed?	01	02
b. Have you been sexually abused, forced to have sex against your will, raped, or touched in sexual ways when you didn't want to be?	01	02
c. Did you see physical abuse of other people in your family or household?	01	02

SECTION N: Drug and Alcohol Use

1. On average how many days per week do you drink alcohol?	0 (SKIP TO Q4)	1	2	3	4	5	6	7	09. Less than once a week
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2. On a typical day when you drink alcohol, how many drinks do you have?	1	2	3	4	5	6	7	8	9	10	11	12 or more
3. In the past month, what was the maximum number of drinks you had on any given occasion?	1	2	3	4	5	6	7	8	9	10	11	12 or more

	Daily	3-4 times per week	1-2 times per week	Once a month	Less than once a month	Only once or twice	Never
4. In the past 6 months, about how often did you smoke cigarettes? Would you say...	01	02	03	04	05	06	07

	Daily	3-4 times per week	1-2 times per week	Once a month	Less than once a month	Only once or twice	Never
5. In the past 6 months, about how often did you use marijuana? Would you say...	01	02	03	04	05	06	07 (SKIP TO Q.7)

6. When you use marijuana how many hits or puffs do you typically take?

|_|_|_|_| (LIMIT=0-30)

7. **In the past 6 months, have you used cocaine, crack or any other drugs such as meth, ecstasy, or Oxycontin?**

01 Yes

02 No

During the past 6 months:	Yes	No
8. Have you ridden in a car driven by someone (including yourself) who was high or had been using alcohol or drugs?	01	02
9. Have you used alcohol or drugs to relax, feel better about yourself, or fit in?	01	02
10. Have you used alcohol or drugs while you were by yourself alone?	01	02
11. Have you forgotten things you did while using alcohol or drugs?	01	02
12. Have your family or friends told you that you should cut down on your drinking or drug use?	01	02
13. Have you gotten into trouble while you were using alcohol or drugs?	01	02

SECTION O: TEEN ATTITUDES

1. For these next questions, please use showcard #22. I'm going to read you some statements. The first one is...	01 Not at all like you	02 A little like you	03 Quite like you	04 Very much like you
a. I am good at making and keeping friends. Would people who know you say that this is...				
b. I am good at planning ahead. Would people who know you say that this is...				
c. I know how to say "no" when someone wants me to do things I know are wrong or dangerous.				
d. I think through the possible good and bad results of different choices before I make decisions. Would people who know you say that this is...				
e. I save money for something special rather than spending it all right away.				

2. Now please use showcard #23. For these next statements, tell me how much you agree or disagree.	Strongly agree	Agree	Disagree	Strongly Disagree
a. I have little or no control over the things that happen to me. Do you. . .	01	02	03	04
b. There is really no way I can solve some of the problems I have. Do you . . .	01	02	03	04
c. There is little I can do to change many of the important things in my life.	01	02	03	04
d. I often feel helpless in dealing with the problems of life.	01	02	03	04
e. Sometimes I feel that I am being pushed around in life.	01	02	03	04
f. What happens to me in the future mostly depends on me.	01	02	03	04
g. I can do just about anything I set my mind to do.	01	02	03	04

SECTION P: TEEN ROUTINES AND RESPONSIBILITIES

Now we are going to talk about your routines and responsibilities.

1. What time do you usually go to bed at night on a weekday?

__ __:00 am/pm

2. What time do you usually get up on a weekday?

__ __:00 am/pm

Now what about the weekend.

3. What time do you usually go to bed at night on the weekend?

__ __:00 am/pm

4. What time do you usually get up on the weekend?

__ __:00 am/pm

Now think about the past week.

5. During the past week, for how many hours did you watch TV, videos, or play video games?

_____ (0-160)

In the past 6 months, have you participated in the following activities?	Yes	No (IF NO, Ask b)	Have you tried to find out about participating in them?	Yes	No
6a. Church programs or meetings	01	02 (Ask 6b)	6b.	01	02
7a. Community recreation activities	01	02 (Ask 7b)	7b.	01	02
8a. School-based clubs or sports	01	02 (Ask 8b)	8b.	01	02
9a. Neighborhood teen clubs	01	02 (Ask 9b)	9b.	01	02
10a. Local girl's sports groups	01	02 (Ask 10b)	10b.	01	02

11. Now please use showcard #24. For the next few questions, please tell me how true these statements are for you.	01 Very True	02 Quite True	03 A Little True	04 Not at All True
a. I'm the kind of person who will try anything once, even if it's not that safe. Would you say this is...				
b. People who get me angry better watch out. Would you say this is...				
c. I like to do exciting things even if they are dangerous.				

12. Now please use showcard #25. For the following statements, please tell me how often this is like you.	01 Never or Rarely	02 Sometimes	03 Most of the Time	04 Always
a. I do things without giving them enough thought. Would you say this is like you...				
b. If someone tries to hurt me, I make sure I get even with them. Would you say this is like you...				
c. I become "wild and crazy" and do things that other people might not like.				
d. When I'm doing something for fun such as partying, acting silly, I tend to get carried away and go too far.				
e. I lose my temper and "let people have it" when I'm angry.				
f. When someone tries to start a fight with me I fight back.				

13. Still using showcard #25 for the next few questions, please tell me how often....	01 Never or Rarely	02 Sometimes	03 Most of the Time	04 Always
a. do you do what you say you're going to do?				
b. do you do what is asked of you?				
c. are you on time?				
d. do you save money?				

SECTION Q: RESPONSIBILITY

(FOR "mother/mother-figure": PROGRAM "mother" IF MF=01 or 03, OR "mother-figure" IF MF=02)

1. The next few questions are about the activities you or someone else does around the house. (CHECK ALL THAT APPLY.)	TEEN	MOTHER/MF	SOMEONE ELSE	NO ONE	N/A
a. Who fixes meals? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
b. Who does the grocery shopping? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
c. Who does the inside cleaning?	01	02	03	04	-7
d. Who pays the bills?	01	02	03	04	-7
e. Who does the laundry?	01	02	03	04	-7

[SKIP TO Q.3 IF BABY DIED (B1=01) OR (B6=07) OR (B7=0)]

f. Who takes (NAME OF BABY) to the doctor or clinic? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
g. Who puts (NAME OF BABY) to bed? Do you generally do it, does your (mother/mother-figure) or does someone else?	01	02	03	04	-7
h. Who feeds (NAME OF BABY)?	01	02	03	04	-7
i. Who bathes (NAME OF BABY)?	01	02	03	04	-7
j. Who changes (NAME OF BABY)'s diapers?	01	02	03	04	-7

2. How many people besides you would be able to take care of (NAME OF BABY) for several hours if needed? (SELECT ONE)

0 1 2 3 4 5 6 7 8 9 10 or more

3. How many friends do you have who you talk to about your problems? (SELECT ONE)

0 1 2 3 4 5 6 7 8 9 10 or more

4. In a typical week, about how much time do you spend talking on the phone?

|_|_| minutes (LIMIT=0-59) |_|_| hours (LIMIT=0-59)

5. What kind of bank account do you have? Do you have . . .

01. Savings
02. Checking
03. Both
04. Other
05. None

6. About how much are you able to save in an average month?

_____ \$ (LIMIT 0-5000)

7. Do you have a cell phone for your personal use?

01 Yes
02 No

8. Is there a house phone (landline phone) where you live?

01 Yes
02 No

SECTION R: FATHER-FIGURE

Think back to the last time we conducted an interview with you and we asked you about the person who was most like a father to you. For the next few questions we will be asking about this same person again.

1. What is your relationship to this person? (IF TEEN CANNOT SPECIFY RELATIONSHIP, REQUEST HIS FIRST NAME)?

01 BIOLOGIC FATHER
02 OTHER (GO TO Q.1sp)
1sp: SPECIFY _____ (Use for programming below).
03 NO FATHER -FIGURE IN HER LIFE (SKIP TO SECTION S)

For these next questions, please use showcard #26.

2. How close do you feel to the person who is like a father to you? Would you say...

- 01 Not at all,
- 02 Very little,
- 03 Somewhat,
- 04 Quite a bit, or
- 05 Very much?

3. How much do you think he cares about you? Would you say...

- 01 Not at all,
- 02 Very little,
- 03 Somewhat,
- 04 Quite a bit, or
- 05 Very much?

4. Are you currently living with him?

- 01 Yes {SKIP TO Q7}
- 02 No

5. When did you last live with him?

_____ # weeks ago (RANGE 0-4)

_____ # months ago (RANGE 0-12)

_____ # years ago (RANGE 0-19)

-7 Never lived with FATHER/FF

6. In the last 6 months (OR since you stopped living with him), about how often have you talked to him in person or on the telephone, or received a letter from him? Would you say. . .

- 01 Not at all, {SKIP TO SECTION S: BIO FATHER}
- 02 Once or twice,
- 03 Several times,
- 04 A few times a month, or
- 05 More than once a week?
- 8 DON'T KNOW

7. <u>In the last 3 months</u> , which of the following things have you done with him?	Yes	No	NA
(SKIP 7a IF BABY DIED IN 1 st 6mo (B1=06) OR ADOPTED (B5=07))	01	02	03
a. Spent time together with the baby	01	02	03
b. Stayed overnight at his place	01	02	03
c. Gone shopping?	01	02	03
d. Gone to a religious service or church-related event?	01	02	03
e. Talked about someone you're dating?	01	02	03
f. <u>In the last 3 months</u> , have you and your (FATHER/F-F) gone to a movie, play, museum, concert, or sports event?	01	02	03
g. Had a talk about a personal problem you were having?	01	02	03
h. Had a serious argument about your behavior?	01	02	03
i. <u>In the last 3 months</u> , have you and your (FATHER/F-F) talked about your school work, grades, or education?	01	02	03
j. Had a vacation together?	01	02	03

SECTION S: BIOLOGIC FATHER

{ASK SECTION S ONLY IF R1 =02}

{IF R1_1 =01 (FF IS BIOLOGIC FATHER) THEN SKIP TO SECTION T.}

Now I'd like to ask you about your biologic father.

1. Is your biologic father living?

- 01 Yes (SKIP TO Q2)
- 02 No
- 8 Don't know (SKIP TO Q2)

1a. How old were you when he died?

_____ years old (RANGE 0-19)

-8 Don't know

[AFTER Q.1a, SKIP TO SECTION T]

2. When did you last live with your biologic father?

_____ # weeks ago

_____ # months ago

_____ # years ago

-7 NEVER LIVED WITH DAD

01 CURRENTLY LIVING WITH DAD {SKIP TO SECTION T}

3. In the last 6 months (OR, since you stopped living with him), about how often have you talked to him in person or on the telephone, or received a letter from him? Would you say. . .

- 01 Not at all,
- 02 Once or twice,
- 03 Several times,
- 04 A few times a month, or
- 05 More than once a week?
- 8 DON'T KNOW

SECTION T: ADULTS IN TEEN'S LIFE

1. Is there an adult whom you look up to who is not related to you or living with you? This does not include your boyfriend or someone from the GirlTalk project.

- 01 Yes
- 02 No (SKIP TO FINAL SCREEN-1)

	Adult 1	Adult 2
2. What is your relationship with this person? 01. ADULT FRIEND 02. NEIGHBOR 03. RELIGIOUS LEADER 04. SOCIAL WORKER/ COUNSELOR 05. TEACHER 06. HEALTH PROFESSIONAL 07. OTHER (ASK 2sp) 2sp Specify _____	01 02 03 04 05 06 07 SP _____	01 02 03 04 05 06 07 SP _____
2a. How far in school did this person complete? 01 COMPLETED GRADE SCHOOL OR LESS 02 SOME HIGH SCHOOL 03 COMPLETED HIGH SCHOOL 04 SOME COLLEGE 05 COMPLETED COLLEGE 06 GRADUATE OR PROFESSIONAL SCHOOL AFTER COLLEGE -8 DON'T KNOW ? ASK Q.2b	01 02 03 04 05 06 -8	01 02 03 04 05 06 -8
2b. Did this person go to college? 01 Yes 02 No -8 DON'T KNOW	01 02 -8	01 02 -8
3. How often do you have contact with this person? Would you say . . . 01. A few times a year or less 02. Once a month 03. A few times a month 04. Once a week 05. A few times a week	01 02 03 04 05	01 02 03 04 05
4. Who makes contact in this relationship? Would you say . . . 01 You do 02 They do 03 Both make an equal amount of contact	01 02 03	01 02 03
5. Do you go to this person to talk about things that are personal? 01. Yes 02. No	01 02	01 02
6. Do you get guidance or advice from this person about planning for your future? 01. Yes 02. No	01 02	01 02
7. Can you count on this person to be there for you or to help you when you need something? 01. Yes 02. No	01 02	01 02
8. For these questions, use showcard #27. How important do you think it is to this person that you <u>continue your education</u>? Would you say . . . 01. Very Important 02. Somewhat Important 03. Not Very Important 04. Not at all Important	01 02 03 04	01 02 03 04

	Adult 1	Adult 2
9. How important is it to this person that you <u>get a good job</u> or be successful in a career? 01. Very Important 02. Somewhat Important 03. Not Very Important 04. Not at all Important	01 02 03 04	01 02 03 04
10. Now use showcard #28. If you got pregnant again (before your child was 2 years old), would this person. . . IF BABY DIED(B1=06 or 07) OR ADOPTED (B5=07)) (in the next 12 months or 1 years), IF PREGNANT AGAIN, ASK (How does this person feel about your being pregnant again. Does this person. . .) 01. Disapprove 02. Somewhat Disapprove 03. Neither Approve nor Disapprove 04. Somewhat Approve 05. Approve	01 02 03 04 05	01 02 03 04 05
11. Does this person's guidance focus more on your parenting skills or on your own education and career development? 01. parenting skills 02. education/career 03. both 04. neither	01 02 03 04	01 02 03 04
12. Is there another adult whom you look up to who is <u>not related</u> to you or living with you? This doesn't include your partner/boyfriend or someone from the GirlTalk staff. 01. Yes 02. No	01 {GO BACK TO Q.2) 02 No {SKIP TO FINAL SCREEN-1)	

FINAL SCREEN-1

That was our last question today. Thank you for taking the time to answer our questions.

Please remember that you need to take the pregnancy test at home or at one of the participating clinics in the next week, if you have not already. You will be mailed \$15 once you complete the pregnancy test.

FINAL SCREEN-2

[SHOW IF C1=yes (TEEN PREGNANT AGAIN)]

END INTERVIEW NOW AND COMPLETE "Positive Pregnancy Form" WITH TEEN.

FINAL SCREEN-3

[DO NOT SHOW IF C1=yes (TEEN PREGNANT AGAIN)]

Have you completed your ept?

IF NO, HASN'T COMPLETED EPTà Will you do that at home or at a clinic?

IF CLINICà Do you remember which clinic you were planning to go to? PROVIDE CLINIC OPTIONS.

IF YES, COMPLETED EPT: Have you called in your results? What were your results?

IF RESULTS NEGATIVEà RECORD TEEN'S RESULTS IN DMS

IF RESULTS POSITIVEà COMPLETE "Positive Pregnancy Form" WITH TEEN NOW.

SAY TO ALL: Thank you again for your time today. I will call you again in 3 months for your check-in call.